



THE CITY OF
CANTON
WILLIAM J. HEALY II, MAYOR

CITY OF CANTON - EVENT REQUEST FORM - OFFICE OF PUBLIC SAFETY

Event Requested: _____

Organization/Firm _____

Event Date: _____ Event Time: _____

Requester's Name: _____ Phone: _____

Organization/Contact Address: _____

City: _____ State: _____ Zip: _____

Event Details:

Please check any of the following City properties which will be needed for the event:

Kresge Lot ____ Courthouse Plaza ____ Central Plaza North ____ Central Plaza South ____

Will the event require road closures? Yes ____ No ____

If Yes, provide the street names/intersections/ and requested time of closures below. If possible, please include a map.

Please list additional event details and/or special needs that may require City Services:

***Disclaimer –** It is the responsibility of the event requester to contact private property owners of public event requests that may impact or require the use of their property. The City of Canton is not responsible for contacting private property owners for notification or to make arrangements for the requested event. Additional arrangements may be required through other City or County departments to obtain permits, schedule inspections, or verify regulations. It is the requester's responsibility to contact the following entities to assure that the requested event is in compliance with all rules and regulations:

City of Canton Health Department - (330) 489-3231

City of Canton License Department – (330) 489-3268

[Vendor's License] Stark County Auditor's Office (330) 451-7357

City of Canton Fire Department – (330) 489-3411

City of Canton Code Enforcement – (330) 430-7819

Requester's Signature: _____ Date: _____